Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 01/06/2011 NVN2322AGC STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10101 DOUBLE R BLVD MONACO RIDGE ASSISTED LIVING **RENO, NV 89511** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETE (FACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Y 000 Y 000 Initial Comments 30000022 cg The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/6/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 40 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of RECEIVED the survey was 29. Ten resident files were reviewed and 11 employee files were reviewed. One discharged resident file was reviewed. JAN 24 2011 BUREAU OF HEALTH CARE QUALITY & COMPLIANCE CARSON CITY NV The facility received a grade of A. The following deficiencies were identified: Y 255 Y 255 449.217(6)(a)(b) Permits - Comply with NAC 446 SS=C on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

administrator

1-20-2011

(X6) DATE

Bureau of Health Care Quality and Compliance							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	NVN2322AG0		B. WING			01/06/2011	
NAME OF PROVIDER OR SUPPLIER STREET ADD				RESS, CITY, S	STATE, ZIP CODE		
MONACO RIDGE ASSISTED LIVING 10101 DOI RENO, NV			UBLE R BL\ 89511				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	SHOULD BE COMPLETE	
Y 255	Continued From page 1			Y 255	Y255 POC Food & Nutrition Services OK		
	This Regulation is not met as evidenced by: Based on observation, interview and record review on 1/6/11, the facility failed to ensure the kitchen complied with the standards of NAC 446. 1. Cleaning and Sanitation Issues: a. Several food items were stored on milk crates in the walk-in refrigerator/freezer and dry storage room. b. The Robot Coupe food processor plastic container and lid were cracked. c. The following non-food contact surfaces of equipment were found soiled: the kitchen can opener housing bracket, the small kitchen mixer, the bakery oven ventilation covers, and the backside of the walk-in refrigerator condenser unit. d. The handwashing sink, located in the dishwashing area, was not draining properly. e. Ceiling vent covers, located in the dry storage room, bakery, and janitors closet, were soiled with dust and debris. 2. Equipment and Maintenance Issues: a. The condensate drain line for the bakery proofer was draining onto a soiled rag on the				a. Several food items crates in the walk-in dry storage room. P and replaced with p 1/7/2011. b. The Robot Coupe ficontainer and lid we Removed and replaced on 1/6/2011. c. The following non-equipment were for can opener housing kitchen mixer, the becovers, and the back refrigerator conden areas were immediated dishwasher/porter centered of the hand-washing dishwashing area, we poche in the pool of the hand-washing dishwasher foot or repairs on 1/17/201. e. Ceiling vent covers storage room, baker were soiled with dumediately cleaned dishwasher/porter centered a. The condensate dra proofer was drainin bakery floor. Poch Operations to repair b. The walk-in refrige damaged. Poch Recontractor, (Shearw	a. Several food items were stored on milk crates in the walk-in refrigerator/freezer and dry storage room. POC: Removed crates and replaced with proper shelving on 1/7/2011. b. The Robot Coupe food processor plastic container and lid were cracked. POC: Removed and replaced with new equipment on 1/6/2011. c. The following non-food contact services of equipment were found soiled: the kitchen can opener housing bracket, the small kitchen mixer, the bakery oven ventilation covers, and the backside of the walk-in refrigerator condenser unit. POC: All soiled areas were immediately cleaned by dishwasher/porter on 1/6/2011. d. The hand-washing sink, located in the dishwashing area, was not draining properly. POC: Reported to plant operations for repairs on 1/17/2011. e. Ceiling vent covers, located in the dry storage room, bakery, and janitors closet, were soiled with dust and debris. POC: Immediately cleaned by the dishwasher/porter on 1/7/2011. B. Equipment and Maintenance Issues: a. The condensate drain line for the bakery proofer was draining onto a soiled rag on the bakery floor. POC: Reported to Plant Operations to repair leak on 1/17/2011. b. The walk-in refrigerator gaskets were damaged. POC: Replaced by outside contractor, (Shearwater) on 1/7/2011. 2. Monitoring Corrections There is a weekly cleaning schedule, supervisor to check off cleaning list and we have quarterly Environment of Care rounds completed by the quality department. We will work with plant ops on preventive maint. to keep exhaust fans, and vents clean and clear of any debris.	
	bakery floor.					· ·	
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Bureau of Health Care Quality and Compliance (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING 01/06/2011 NVN2322AGC STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10101 DOUBLE R BLVD MONACO RIDGE ASSISTED LIVING **RENO, NV 89511** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) Y 255 Y 255 Continued From page 2 b. The walk-in refrigerator gaskets were damaged. Severity 1: Scope: 3 Y 878 Y 878 449.2742(6)(a)(1) Medication / Change order SS=D NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. Y878 POC Medication/ Change Order 1. Corrections Made Resident #2 medication: Scopalamine- order This Regulation is not met as evidenced by: was clarified through the hospice nurse. Based on record review and interview on 1/6/11, Order was rewritten for clarity. Resident #4 Triamcinolone Cream-MAR, the facility failed to ensure that 3 of 10 residents order and medication reviewed. Ensured received medications as prescribed (Resident #2 that all 3 say the same things. - Scopalamine; Resident #4 -Triamcinolone Resident #8 Vicodin 5-500mg- Clarification Cream; and Resident #8 - Vicodin 5-500mg). was requested of the physician and the order was discharged all together. Findings include: **Monitoring Corrections** All orders will be reviewed monthly by The resident had been prescribed Scopalamine management to ensure accuracy of the MAR to the label to the order. 0.4 milligrams, one patch behind the ear every 72 hours as needed for secretions. The pharmacy Correction Date 1/7/11 provided the wrong strength of Scopalamine patches (1.5 milligrams). The resident had not

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PRINTED: 01/11/2011 FORM APPROVED

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